

## **Washington State Department of Transportation**

## **Training Program**

Note: This training program shall be submitted to the Engineer at the Pre-Construction Conference. Failure to provide this Training Program may result in the withholding of progress payments.

| <u> </u>  | raining Program may  |  |  |                                    |  |                                    |                                    |  |
|---|--|--|--|------------------------------------|--|------------------------------------|------------------------------------|--|
| If you have assigned train submitted for each subcon                                    | ing requirements to your tractor. Subcontractor(s)   | subcontractor() programs mus                     | s), a sepa<br>t be subr                  | rate Trai                          | ning Program m<br>d reviewed by th                       | ust be complet<br>e prime.         | ed and                             |  |
| Contractor Name  Prime  |  |  |  | Federal                            | Employer's ID No   | .* WSDOT                           | WSDOT Contract No.                 |  |
| □ Sub   |  |  |  |                                    |  |                                    |                                    |  |
| Address   |  | City   |  |                                    | State  | Zip                                | Date                               |  |
| Federal -Aid Project No. Project Title  |  |  | Trainees                                 |                                    | ssigned  | Trainee Ho                         | Trainee Hours Assigned             |  |
| *If no Federal Employer's   | I.D. No., use owner's so   | cial security nu                                 | mber.                                    |                                    |  |                                    |                                    |  |
| I. APPROVAL. Approval is  |  |  |  | 11(7) of                           | the Standard Spe   | ecification in th                  | e following areas:                 |  |
| Α   |  | Trainees As                                      |  | urly<br>nment                      | D Total Hours<br>Assigned                                | E BAT or JAT                       | ? Estimated                        |  |
| Apprenticeship / Trainee Craft  |  | Projected  | Per T                                    | rainee                             | to Craft   | Yes or No                          | * Start Date                       |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  | _  |                                    |  | _                                  |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
|   |  |  |  |                                    |  |                                    |                                    |  |
| *If your answer is No, pleas<br>of Apprentice and Training<br>Training Council (JATC) w | (BAT), or with the Was   | shington State 1                                 | orograms<br>Departme                     | registered<br>ent of La            | d with the U.S. I<br>bor and Industric                   | Department of I<br>es Joint Apprei | Labor, Bureau<br>iticeship         |  |
| , ,   | •  |  | . 1. 1 1                                 | . 1 11                             | 41   |                                    | -4                                 |  |
| women toward journe<br>make every effort (do  | whether a member of a syman status is a primary cumentation will be requestated as such persons are available. | minority group objective of third if non-protein | or not. It<br>his training<br>tected per | However,<br>ng provis<br>rsons are | the training and<br>tion. Accordingly<br>proposed) to en | upgrading of i                     | ninorities and<br>tor shall        |  |
| III. PROGRAMS NOT APPR<br>must be submitted for<br>following standards:                 | OVED BY BAT OR JATO other than apprenticeship  | C. A detailed by trades. In add                  | reakdown                                 | of the h                           | ours assigned to<br>ng Section I, the                    | the various ski<br>Contractor mu   | lls of the trade<br>st provide the |  |
| program. (No employe  | ICATIONS. The Contract ee shall be employed as a to journeyman status or                                       | a trainee in any                                 | classific                                | ation in v                         | which he/she has   | successfully c                     |                                    |  |
| B. Work Skills. As  | n outline of the work pro  | cesses in which                                  | h the train                              | nee will 1                         | receive supervise  | d work experie                     | ence and training                  |  |
| on-the-job and the allo   | cation of the approximat   | e time to be spe                                 | ent i eacl                               | n major p                          | rocess shall be s  | et forth in thes                   | e standards.                       |  |
|   | NG. The term of training rany one individual) sha  |  |  | uired for                          | completion to jo   | ourneyman statı                    | is - not to                        |  |
| D. Program Monito   | <b>ORING.</b> The method for   | recording and re                                 | eporting                                 | the traini                         | ng completed sha   | all be stated he                   | rein.                              |  |
| supervision, training, s  | ES. A numeric ratio of trafety, and continuity of a workforce during norm                                      | employment. T                                    | The ratio                                | language                           | shall be specific  | c and clear as t                   | with proper o application          |  |
| I understand and will comp<br>subsequent revisions to the                               |  |  | ns under                                 | which th                           | is training is bei                                       | ing performed,                     | and will report                    |  |
|   |  |  | _  |                                    |  |                                    |                                    |  |
|   |  | Date   |  |                                    |  |                                    | Date                               |  |
|   |  | for Department                                   |  |                                    | Only   |                                    |                                    |  |
| Region Approval   | Date   |  | Title                                    |                                    |  |                                    |                                    |  |
| Approved Disapp   | proved   |  |  |                                    |  |                                    |                                    |  |
| The Region may approve pr NOTE: FHWA concurrence  |  |  |  |                                    |  |                                    | criteria are met.                  |  |
|   | Federal High   | nway Administra                                  | ation Con                                | currence                           | l  |                                    |                                    |  |
| FHWA Approval   | Date   |  | Title                                    |                                    |  |                                    |                                    |  |

DOT Form 272-049 Revised 11/96

Disapproved